


**TRAFFIC COLLISION REPORT - Property Damage Only**

CHP 555-03 (Rev. 7-03) OPI 061

Original to Officer; copy(ies) to involved party(ies)

SPECIAL CONDITIONS		<b>COUNTY</b>		<b>CITY</b>		<b>JUDICIAL DISTRICT</b>		<b>NUMBER</b>	
		<b>MOUNTAIN VIEW POLICE DEPT.</b>		<b>REPORTING DISTRICT</b>		<b>BEAT</b>		<b>REPORTING OFFICER</b>	
		<b>TRAFFIC</b> <input checked="" type="checkbox"/>		<b>PRIVATE PROPERTY</b> <input checked="" type="checkbox"/>		<b>NCIC</b>		<b>OFFICER I.D.</b>	
COLLISION OCCURRED ON		#1.		MO. DAY YEAR		TIME (2400)			
<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> Or: Feet/Miles Of		DAY OF WEEK		TOW AWAY <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No			
DRIVER'S LICENSE NUMBER STATE CLASS AIR BAG SAFETY EQUIPMENT		SHADE DAMAGED AREA		(ALLIED AGENCY USE ONLY) Report taken <input type="checkbox"/> Yes <input type="checkbox"/> No Exchange of information <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center; margin-top: 20px;">  <p>INDICATE NORTH</p> </div>					
DRIVER NAME (FIRST, MIDDLE, LAST) #2 STREET ADDRESS (City) (State) (Zip Code)		TELEPHONE NUMBER							
SEX RACE BIRTHDATE INSURANCE CARRIER POLICY NUMBER		PARTY 1							
DIR. TRAVEL ON STREET OR HIGHWAY SPEED LIMIT		PARTY 2							
VEH. YEAR MAKE / MODEL / COLOR LICENSE NUMBER STATE VEH. TYPE									
DRIVER'S LICENSE NUMBER STATE CLASS AIR BAG SAFETY EQUIPMENT		SHADE DAMAGED AREA							
DRIVER NAME (FIRST, MIDDLE, LAST) #4 STREET ADDRESS (City) (State) (Zip Code)		TELEPHONE NUMBER							
SEX RACE BIRTHDATE INSURANCE CARRIER POLICY NUMBER									
DIR. TRAVEL ON STREET OR HIGHWAY SPEED LIMIT									
VEH. YEAR MAKE / MODEL / COLOR LICENSE NUMBER STATE VEH. TYPE									
WIT. #6 AGE SEX NAME ADDRESS PHONE NUMBER PARTY NO.									
PROP. #7 NAME ADDRESS DAMAGED PROPERTY									

**INFORMATION TO BE INCLUDED IN COUNTER REPORTS**

1. Address where accident occurred – cross streets (Villa/Shoreline)
2. Driver License of driver #1, name, address, telephone number, etc.
3. Vehicle license of Vehicle #1, car make, model, color.  
Shade the damaged area in vehicle outline. Diagram is optional.
4. Driver license and information for Driver #2. If a hit-run, state “unknown” or provide minimal description. (middle-aged female, unknown race.)
5. Vehicle description of vehicle #2. If a hit and run, state “unknown” or Provide minimal description. (Blue mid-sized import)
6. Name of any independent witness and/or owner of the vehicle if other than the driver...such as company car or rental company.
7. Name of owner of property damaged...city sign, homeowners fence, etc.

ON THE NARRATIVE PAGE, BRIEFLY DESCRIBE THE INCIDENT IN YOUR OWN WORDS AND EXPLAIN HOW THE ACCIDENT HAPPENED.

## TRAFFIC COLLISION REPORT - Property Damage Only

CHP 555-03 (Rev. 7-03) OPI 061

Original to Officer; copy(ies) to involved party(ies)

SPECIAL CONDITIONS		HIT COUNTY	COUNTY	MOUNTAIN VIEW POLICE DEPT.	REPORTING DISTRICT	BEAT	NCIC	OFFICER I.D.
COLLISION OCCURRED ON		MO.	DAY	YEAR	TIME (2400)	TOW AWAY <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> Or: Feet/Miles Of		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIPMENT	
<input type="checkbox"/> DRIVER NAME (FIRST, MIDDLE, LAST)		TELEPHONE NUMBER						
<input type="checkbox"/> PED STREET ADDRESS (City) (State) (Zip Code)								
<input type="checkbox"/> PK VEH SEX RACE BIRTHDATE INSURANCE CARRIER POLICY NUMBER								
<input type="checkbox"/> BICYCLE DIR. TRAVEL ON STREET OR HIGHWAY SPEED LIMIT								
<input type="checkbox"/> OTHER VEH. YEAR MAKE / MODEL / COLOR LICENSE NUMBER STATE VEH. TYPE								
<input type="checkbox"/> DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIPMENT			
<input type="checkbox"/> DRIVER NAME (FIRST, MIDDLE, LAST)		TELEPHONE NUMBER						
<input type="checkbox"/> PED STREET ADDRESS (City) (State) (Zip Code)								
<input type="checkbox"/> PK VEH SEX RACE BIRTHDATE INSURANCE CARRIER POLICY NUMBER								
<input type="checkbox"/> BICYCLE DIR. TRAVEL ON STREET OR HIGHWAY SPEED LIMIT								
<input type="checkbox"/> OTHER VEH. YEAR MAKE / MODEL / COLOR LICENSE NUMBER STATE VEH. TYPE								
<input type="checkbox"/> WIT. R/O AGE SEX NAME ADDRESS PHONE NUMBER PARTY NO.								
<input type="checkbox"/> AGE SEX NAME ADDRESS PHONE NUMBER PARTY NO.								
<input type="checkbox"/> PROP. NAME ADDRESS DAMAGED PROPERTY								
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES		SPECIAL INFORMATION		MOVEMENT PRECEDING COLLISION		
# A VC SECTION VIOLATED:		A CONTROLLING INTERSECTION		A HAVING SUSPENDED DRIVER'S LICENSE		A STOPPED		
# B OTHER IMPROPER DRIVING *		B CONTROLLING INTERSECTION		B HAVING SUSPENDED DRIVER'S LICENSE		B PROCEEDING STRAIGHT		
C OTHER THAN DRIVER *		C CONTROLLING INTERSECTION		C HAVING SUSPENDED DRIVER'S LICENSE		C RAN OFF ROAD		
D UNKNOWN*		D NO CONTROLLED INTERSECTION		D HAVING SUSPENDED DRIVER'S LICENSE		D MAKING RIGHT TURN		
E		E OTHER*		E HAVING SUSPENDED DRIVER'S LICENSE		E MAKING LEFT TURN		
WEATHER (MARK 1 TO 2 ITEMS)		TYPE OF COLLISION		E		F MAKING U TURN		
A CLEAR		A HEAD-ON		F		G BACKING		
B CLOUDY		B SIDESWIPE		G		H SLOWING / STOPPING		
C RAINING		C REAR END		H		I PASSING OTHER VEHICLE		
D SNOWING		D BROADSIDE		I		J CHANGING LANES		
E FOG/VISIBILITY		E HIT OBJECT		J		K PARKING MANEUVER		
F OTHER*		F OVERTURNED		K		L ENTERING TRAFFIC		
G WIND		G VEHICLE / PEDESTRIAN		L		M OTHER UNSAFE TURNING		
LIGHTING		H OTHER*		M		N XING INTO OPPOSING LANE		
A DAYLIGHT		MOTOR VEHICLE INVOLVED WITH		N		O PARKED		
B DUSK - DAWN		A NON-COLLISION		O		P MERGING		
C DARK - STREET LIGHTS		B PEDESTRIAN		P		Q TRAVELING WRONG WAY		
D DARK - NO STREET LIGHTS		C OTHER MOTOR VEHICLE		Q		R OTHER*		
E DARK - STREET LIGHTS NOT FUNCTIONING*		D MOTOR VEHICLE ON OTHER HIGHWAY		R				
ROADWAY SURFACE		E PARTIAL MOTOR VEHICLE		S				
A DRY		F TRUCK		T				
B WET		G BICYCLE		U				
C SNOWY - ICY		H ANIMAL		V				
D SLIPPERY (MUDDY, OILY, ETC.)		I FIXED OBJECT:		W				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		J OTHER OBJECT:		X				
A HOLES, DEEP RUTS*		K OTHER*		Y				
B LOOSE MATERIAL ON ROADWAY*		L OTHER*		Z				
C OBSTRUCTION ON ROADWAY*		M OTHER*		AA				
D CONSTRUCTION - REPAIR ZONE		N OTHER*		AB				
E REDUCED ROADWAY WIDTH		O OTHER*		AC				
F FLOODED*		P OTHER*		AD				
G OTHER*		Q OTHER*		AE				
H NO UNUSUAL CONDITIONS		R OTHER*		AF				
		S OTHER*		AG				
		T OTHER*		AH				
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		JP OTHER*		KD				

**NARRATIVE/SUPPLEMENTAL**

CHP 556 (Rev 7-90) OPI 042

Page

DATE OF INCIDENT/OCCURRENCE		TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
*X* ONE <input type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	*X* ONE <input type="checkbox"/> Collision report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:			
CITY/COUNTY/JUDICIAL DISTRICT				REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	
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PREPARER'S NAME AND I.D. NUMBER			DATE	REVIEWER'S NAME	DATE

Use previous editions until depleted.